

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

JUL 20 11 53 AM '65

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Continental Oil Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M.</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL of Section 21, T-17S, R-32E, Lea County, New Mexico, NMPM.</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME MCA</p> <p>8. FARM OR LEASE NAME MCA Unit Battery 2</p> <p>9. WELL NO. 45</p> <p>10. FIELD AND POOL, OR WILDCAT Baish-Majj-Pearsall Field</p> <p>11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Mallamar Pool</p> <p>S-21, T-17S, R-32E</p> <p>12. COUNTY OR PARISH LEA</p> <p>13. STATE N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4061 DF</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) **Convert to water injection** (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In connection with the MCA Unit Waterflood it is proposed to convert the subject well to water injection using the following procedure:

1. Clean out to TD of 4181.
2. Set 2 3/8" tubing w/retrievable packer at approx 3700'.
3. Connect up well for water injection down tubing.

The USGS office in Roswell has granted approval for this conversion. Your approval to the above work is requested.

18. I hereby certify that the foregoing is true and correct

SIGNED Robert Gault III TITLE Staff Supervisor DATE 7-15-65

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-5, NMOCC-2 LPT, PARTNERS -12

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

RECEIVED JUL 16 1965
 DISTRICT ENGINEER
 ROSWELL, NEW MEXICO
 U.S. GEOLOGICAL SURVEY